



Confidentiality Requested:

Yes No

KANSAS CORPORATION COMMISSION 1204282
OIL & GAS CONSERVATION DIVISION

Form ACO-1

August 2013

Form must be Typed
Form must be Signed
All blanks must be Filled

WELL COMPLETION FORM
WELL HISTORY - DESCRIPTION OF WELL & LEASE

OPERATOR: License # _____

Name: _____

Address 1: _____

Address 2: _____

City: _____ State: _____ Zip: _____ + _____

Contact Person: _____

Phone: (_____) _____

CONTRACTOR: License # _____

Name: _____

Wellsite Geologist: _____

Purchaser: _____

Designate Type of Completion:

- New Well Re-Entry Workover
- Oil WSW SWD SIOW
- Gas D&A ENHR SIGW
- OG GSW Temp. Abd.
- CM (Coal Bed Methane)
- Cathodic Other (Core, Expl., etc.): _____

If Workover/Re-entry: Old Well Info as follows:

Operator: _____

Well Name: _____

Original Comp. Date: _____ Original Total Depth: _____

- Deepening Re-perf. Conv. to ENHR Conv. to SWD
- Plug Back Conv. to GSW Conv. to Producer
- Commingled Permit #: _____
- Dual Completion Permit #: _____
- SWD Permit #: _____
- ENHR Permit #: _____
- GSW Permit #: _____

Spud Date or Recompletion Date	Date Reached TD	Completion Date or Recompletion Date
-----------------------------------	-----------------	---

API No. 15 - _____

Spot Description: _____

_____ - _____ - _____ Sec. _____ Twp. _____ S. R. _____ East West

_____ Feet from North / South Line of Section

_____ Feet from East / West Line of Section

Footages Calculated from Nearest Outside Section Corner:

- NE NW SE SW

GPS Location: Lat: _____, Long: _____
(e.g. xx.xxxxx) (e.g. -xxx.xxxxx)

Datum: NAD27 NAD83 WGS84

County: _____

Lease Name: _____ Well #: _____

Field Name: _____

Producing Formation: _____

Elevation: Ground: _____ Kelly Bushing: _____

Total Vertical Depth: _____ Plug Back Total Depth: _____

Amount of Surface Pipe Set and Cemented at: _____ Feet

Multiple Stage Cementing Collar Used? Yes No

If yes, show depth set: _____ Feet

If Alternate II completion, cement circulated from: _____

feet depth to: _____ w/ _____ sx cmt.

Drilling Fluid Management Plan

(Data must be collected from the Reserve Pit)

Chloride content: _____ ppm Fluid volume: _____ bbls

Dewatering method used: _____

Location of fluid disposal if hauled offsite: _____

Operator Name: _____

Lease Name: _____ License #: _____

Quarter _____ Sec. _____ Twp. _____ S. R. _____ East West

County: _____ Permit #: _____

AFFIDAVIT

I am the affiant and I hereby certify that all requirements of the statutes, rules and regulations promulgated to regulate the oil and gas industry have been fully complied with and the statements herein are complete and correct to the best of my knowledge.

Submitted Electronically

KCC Office Use ONLY

- Confidentiality Requested
Date: _____
- Confidential Release Date: _____
- Wireline Log Received
- Geologist Report Received
- UIC Distribution
- ALT I II III Approved by: _____ Date: _____

1204282

Operator Name: _____ Lease Name: _____ Well #: _____

Sec. _____ Twp. _____ S. R. _____ East West County: _____

INSTRUCTIONS: Show important tops of formations penetrated. Detail all cores. Report all final copies of drill stems tests giving interval tested, time tool open and closed, flowing and shut-in pressures, whether shut-in pressure reached static level, hydrostatic pressures, bottom hole temperature, fluid recovery, and flow rates if gas to surface test, along with final chart(s). Attach extra sheet if more space is needed.

Final Radioactivity Log, Final Logs run to obtain Geophysical Data and Final Electric Logs must be emailed to kcc-well-logs@kcc.ks.gov. Digital electronic log files must be submitted in LAS version 2.0 or newer AND an image file (TIFF or PDF).

Drill Stem Tests Taken <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Attach Additional Sheets)</i> Samples Sent to Geological Survey <input type="checkbox"/> Yes <input type="checkbox"/> No Cores Taken <input type="checkbox"/> Yes <input type="checkbox"/> No Electric Log Run <input type="checkbox"/> Yes <input type="checkbox"/> No List All E. Logs Run: _____	<input type="checkbox"/> Log Formation (Top), Depth and Datum <input type="checkbox"/> Sample Name Top Datum
--	---

CASING RECORD <input type="checkbox"/> New <input type="checkbox"/> Used							
Report all strings set-conductor, surface, intermediate, production, etc.							
Purpose of String	Size Hole Drilled	Size Casing Set (In O.D.)	Weight Lbs. / Ft.	Setting Depth	Type of Cement	# Sacks Used	Type and Percent Additives

ADDITIONAL CEMENTING / SQUEEZE RECORD				
Purpose:	Depth Top Bottom	Type of Cement	# Sacks Used	Type and Percent Additives
<input type="checkbox"/> Perforate <input type="checkbox"/> Protect Casing <input type="checkbox"/> Plug Back TD <input type="checkbox"/> Plug Off Zone				

Did you perform a hydraulic fracturing treatment on this well? Yes No *(If No, skip questions 2 and 3)*

Does the volume of the total base fluid of the hydraulic fracturing treatment exceed 350,000 gallons? Yes No *(If No, skip question 3)*

Was the hydraulic fracturing treatment information submitted to the chemical disclosure registry? Yes No *(If No, fill out Page Three of the ACO-1)*

Shots Per Foot	PERFORATION RECORD - Bridge Plugs Set/Type Specify Footage of Each Interval Perforated	Acid, Fracture, Shot, Cement Squeeze Record <i>(Amount and Kind of Material Used)</i>	Depth

TUBING RECORD:	Size:	Set At:	Packer At:	Liner Run: <input type="checkbox"/> Yes <input type="checkbox"/> No
----------------	-------	---------	------------	---

Date of First, Resumed Production, SWD or ENHR.	Producing Method: <input type="checkbox"/> Flowing <input type="checkbox"/> Pumping <input type="checkbox"/> Gas Lift <input type="checkbox"/> Other <i>(Explain)</i> _____
---	--

Estimated Production Per 24 Hours	Oil Bbls.	Gas Mcf	Water Bbls.	Gas-Oil Ratio	Gravity

DISPOSITION OF GAS: <input type="checkbox"/> Vented <input type="checkbox"/> Sold <input type="checkbox"/> Used on Lease <i>(If vented, Submit ACO-18.)</i>	METHOD OF COMPLETION: <input type="checkbox"/> Open Hole <input type="checkbox"/> Perf. <input type="checkbox"/> Dually Comp. <input type="checkbox"/> Commingled <i>(Submit ACO-5)</i> <input type="checkbox"/> Other <i>(Specify)</i> _____	PRODUCTION INTERVAL: _____ _____
--	--	---

Max R. Lovely

GEOLOGIST'S REPORT

DRILLING TIME AND SAMPLE LOG

COMPANY Ritchie Exploration, Inc. ELEVATIONS

LEASE #1 Huseman 20BC Unit KD 2950

FIELD Michigan North

LOCATION W/2

SEC. 20 TWP. 16 R. 31W

COUNTY Scott STATE KS

CONTRACTOR W.W. #8

SPUD 2-22-14 3-3-14

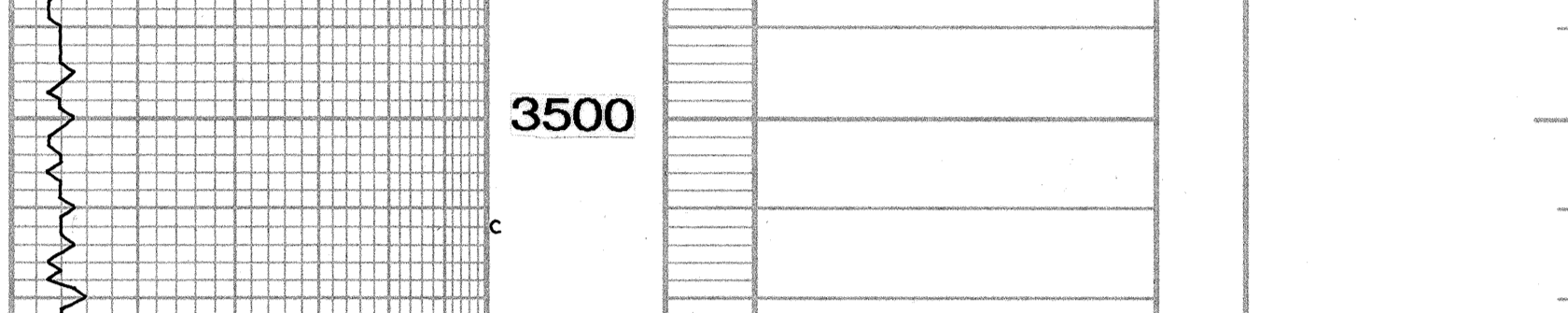
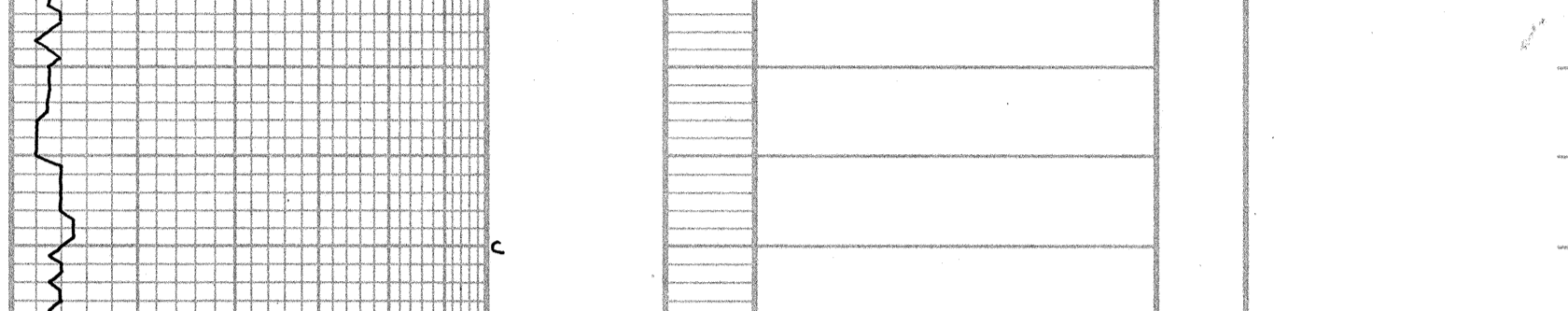
RID 4-7-14 LTD 4-7-14

MUD UP 3470 TYPE MUD Chem

FORMATION TABLE with columns: FORMATION, SAMPLE NO., ELECTRIC LOG, STR. POS., etc.

REMARKS

LEGEND



Main log table with columns: DEPTH, LITHOLOGY, SAMPLE DESCRIPTIONS, OIL SHOWS, REMARKS. Includes detailed lithological descriptions and depth markers.

Additional notes and remarks at the bottom of the log.



#1 Huseman 20BC Unit
2525' FSL & 1450' FWL
115' S & 130' E of W/2 Section 20-16S-31W
Scott County, Kansas
API# 15-171-21033-0000
Elevation: 2945' GL, 2950' KB

Sample Tops			Ref. Well
Anhydrite	2353'	+597	-7
B/Anhydrite	2375'	+575	-9
Stotler	3566'	-616	-12
Heebner	3946'	-996	-14
Lansing	3984'	-1034	-14
Muncie Shale	4160'	-1210	-8
Stark Shale	4255'	-1305	-6
Hush	4298'	-1348	-7
BKC	4339'	-1389	-8
Marmaton	4374'	-1424	-10
Altamont	4388'	-1438	-7
Pawnee	4468'	-1518	-6
Myrick	4499'	-1549	-7
Fort Scott	4514'	-1564	-6
Cherokee Shale	4538'	-1588	-6
Johnson	4578'	-1628	-6
Mississippian	4638'	-1688	-8
RTD	4770'	-1820	

ALLIED OIL & GAS SERVICES, LLC 062504

Federal Tax I.D. # 20-8651476

REMIT TO: P.O. BOX 93999
SOUTHLAKE, TEXAS 76092

Husman 203C UNIT Spklay

DATE <u>2-22-14</u>	SEC. <u>20</u>	TWP. <u>16</u>	RANGE <u>31</u>	CALLED OUT	ON LOCATION <u>6:30 pm</u>	JOB START <u>8:00 am</u>	JOB FINISH <u>11:00 pm</u>
LEASE # <u>1755-man 20</u>		WELL # <u>1</u>	LOCATION <u>Healy 2W Gtas Rd</u>			COUNTY <u>Scott</u>	STATE <u>KS</u>
OLD OR NEW (Circle one) <u>NEW</u>			3 Y 2 N, W info				

CONTRACTOR WWS OWNER same

TYPE OF JOB Surf area

HOLE SIZE 12 1/4" T.D. 263 CEMENT AMOUNT ORDERED 1755 lbs com 3200

CASING SIZE 8 7/8" DEPTH 262.73 TUBING SIZE DEPTH 2 Regal

DRILL PIPE DEPTH

TOOL DEPTH

PRES. MAX MINIMUM

MEAS. LINE SHOE JOINT

CEMENT LEFT IN CSG. 15'

PERFS.

DISPLACEMENT 15.85661

EQUIPMENT

PUMP TRUCK # 431 CEMENTER Karlson & White

BULK TRUCK # 341 DRIVER Toran Munden (TMS)

BULK TRUCK # DRIVER

COMMON 1755 lbs @ 17.70 3132.30

POZMIX @

GEL 300 @ 23.40 70.20

CHLORIDE 650 @ 6.00 384.00

ASC @

HANDLING 187.29 @ 2.98 469.32

MILEAGE 261 truck 45 @ 2.60 1018.80

TOTAL 5066.70

REMARKS:

Mix 1755 lbs cement

Displace with water

cement did circulate.

Thank you

CHARGE TO: Rifaloe Exploration

STREET

CITY STATE ZIP

SERVICE

DEPTH OF JOB 262.73

PUMP TRUCK CHARGE 1512.25

EXTRA FOOTAGE @

MILEAGE ALL HV 45 @ 2.70 396.50

MANIFOLD @ 295.00

MILCO 45 @ 4.40 198.00

TOTAL 2331.75

PLUG & FLOAT EQUIPMENT

To: Allied Oil & Gas Services, LLC.
You are hereby requested to rent cementing equipment and furnish cementer and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

PRINTED NAME Sid Dartscher

SIGNATURE [Signature]

SALES TAX (if Any)

TOTAL CHARGES 7,398.65

DISCOUNT 1,627.70 IF PAID IN 30 DAYS

5,770.94 Net

TOTAL

[Signature]

HUSEMAN 20 BC UNIT
ALLIED OIL & GAS SERVICES, LLC 061979

Federal Tax I.D. # 20-8651475

REMIT TO P.O. BOX 93999
 SOUTHLAKE, TEXAS 76092

SERVICE POINT:
Oakley, KS

DATE <i>3-3-14</i>	SEC. <i>20</i>	TWR. <i>16</i>	RANGE <i>31</i>	CALLED OUT	ON LOCATION	JOB START <i>5:00 PM</i>	JOB FINISH <i>5:30 PM</i>
LEASE <i>Huseman Unit</i>		WELL # <i>#1</i>		LOCATION <i>Healy W to Teos Rd 3 1/2 N</i>		COUNTY <i>Scott</i>	STATE <i>KS</i>
OLD OR (NEW) (Circle one) <i>NEW</i>				<i>W Intro</i>			

CONTRACTOR *W 206 #8*
 TYPE OF JOB *PTA*
 HOLE SIZE *7 7/8* I.D. *4770*
 CASING SIZE DEPTH
 TUBING SIZE DEPTH
 DRILL PIPE DEPTH
 TOOL DEPTH
 PRES. MAX MINIMUM
 MEAS. LINE SHOE JOINT
 CEMENT LEFT IN CSG.
 PERFS.
 DISPLACEMENT

OWNER *same*
 CEMENT
 AMOUNT ORDERED *270 SKS 60/40 P07*
490 gal 1/4" Fl-559.1

EQUIPMENT
 PUMP TRUCK CEMENTER *Kelly Gabel*
 # *422* HELPER *Wayne McElroy*
 BULK TRUCK
 # *8184287* DRIVER *Juan T (145)*
 BULK TRUCK
 # DRIVER

COMMON *162 SKS @ 17.90 2900.00*
 POZ MIX *108 SKS @ 9.35 1009.80*
 GBL *9 SKS @ 23.40 210.60*
 CHLORIDE @
 ASC @
Fl-559.1 67 @ 2.97 199.89
 @
 @
 @
 @
 @
 @
 @
 @
 @
 HANDLING *288.95 @ 2.45 719.87*
 MILBAGE *11.61 ton x 45 @ 2.40 1358.70*
 TOTAL *6396.85*

REMARKS:

50 @ 2400
80 @ 1700
40 @ 640
50 @ 275
20 @ 100
30 RA *Thank You*
Kelly & Crew

SERVICE

DEPTH OF JOB *2400.00*
 PUMP TRUCK CHARGE *1250.00*
 EXTRA FOOTAGE @
 MILBAGE *M:HV 45 @ 7.70 346.50*
 MANIFOLD @
M:LV 45 @ 4.90 198.00
 @

CHARGE TO: *Richie Exploration*
 STREET
 CITY STATE ZIP

TOTAL *1794.50*

PLUG & FLOAT EQUIPMENT

@
 @
 @
 @
 @

TOTAL

To: Allied Oil & Gas Services, LLC.
 You are hereby requested to rent cementing equipment and furnish cement and helper(s) to assist owner or contractor to do work as is listed. The above work was done to satisfaction and supervision of owner agent or contractor. I have read and understand the "GENERAL TERMS AND CONDITIONS" listed on the reverse side.

SALES TAX (If Any)
 TOTAL CHARGES *8,191.35*
 DISCOUNT *1,638.27* IF PAID IN 30 DAYS
6,553.08 Net

PRINTED NAME *Sid Doufchen*

SIGNATURE *Sid Doufchen*

AD